



## **ALCOHOLIC BEVERAGE OFF-PREMISES CONSUMPTION LICENSE (9-1-72)**

***This License is available ONLY to current City of Conyers Alcoholic Beverage Licensees.***

Off-premises fee for catered functions - \$200.00 per event (Non-Refundable)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (must be 20 calendar days prior to function)

**Special Event Permit from the Conyers Police Department may be required before processing this application. Police Department contact number is 770-929-4209**

City of Conyers Alcoholic Beverage License Number (attach Copies)

Beer and Wine: AL- \_\_\_\_\_

Distilled Spirits (if applicable): AL- \_\_\_\_\_

State Alcohol License Number: \_\_\_\_\_

Is applicant: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Name of business holding alcohol license: \_\_\_\_\_

Doing business as: \_\_\_\_\_

Type of business: \_\_\_\_\_

Location of business: (Street Address) \_\_\_\_\_

(City, State, Zip Code) \_\_\_\_\_

Full name of current license holder: \_\_\_\_\_

Telephone number: \_\_\_\_\_

(Work)

(Cell)

Manager of off-premise event: \_\_\_\_\_

(Must be 21 or older) 9-1-130 a(2)c

Alcoholic beverage(s) to be served – check all that apply:

☐ Beer ☐ Wine ☐ Liquor

Will your event have tents? ☐ Yes ☐ No

## Information about Event

Name of business where event will be held: \_\_\_\_\_

Address of event: \_\_\_\_\_

Description of event: \_\_\_\_\_

Dates of event: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of event: \_\_\_\_\_ a.m. / p.m.

Until: \_\_\_\_\_ a.m. / p.m.

(See 9-1-13) hours of operation

Approximate number of people attending? \_\_\_\_\_

Name of server(s) for event: (attach copies of Server Permit Cards)

Server 1: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Server 2: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Server 3: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Use separate page, if needed, for more Servers information)

**Note: All managers/servers must hold valid alcohol handlers permit and maintain permit on their person for the duration of the event.**

Signature of applicant: \_\_\_\_\_

(By signing, you certify all information given herein is true and correct)

*Pages 1 and 2 of the application should be submitted to 1174 Scott Street, Planning and Inspection Services Department, the 3<sup>rd</sup> page is a manifest sheet to keep in the vehicle while transporting alcohol to and from the event. You will be provided a copy of your approved off-premise license, which must be in your vehicle when transporting alcohol.*

CITY USE ONLY

City Manager or his/her Designee:

\_\_\_\_\_

City Staff approval: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_